

STATE OF CALIFORNIA
OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

**HOSPITAL QUARTERLY FINANCIAL AND
UTILIZATION DATA**

**PERSONAL COMPUTER
DISKETTE DOCUMENTATION**

FOR CALENDAR QUARTERS ENDING IN

1996

July 1996

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GENERAL INFORMATION

The Office of Statewide Health Planning and Development produces upon request, personal computer (PC) diskettes containing Hospital Quarterly Financial and Utilization Data. PC diskettes are available for every quarter since the first quarter of 1980.

For calendar quarters ending in 1996, the PC diskette product contains four data files covering: 1) the current quarter, 2) the same quarter prior year, 3) a four quarter aggregation ending with the current quarter, and 4) a four quarter aggregation ending with the same quarter prior year.

This documentation applies only to the data files for the current 1996 quarter and the four quarter aggregation ending with the current 1996 quarter. For data files with calendar quarters ended in 1995 and pre-1995 files, please refer to the documentation dated August 1995 and June 1994, respectively.

The files are in a comma-delimited / comma-separated value (CSV) format and are in a self-extracting PKZIP® format. The comma-delimited format can easily be imported into most spreadsheets and data bases as well as other software. The first row will contain titles that can be used as data base names or spreadsheet titles. The titles are unique for each column and are eight characters or less.

If you are having or believe you will have trouble processing the CSV file format, please contact a technical representative in the Office's Data Users Support Group at (916) 322-2814 and indicate your concerns. The Office is attempting to upgrade the quarterly financial and utilization data products, but in no way wants to exclude anyone from access to the data.

Included in this documentation package are the file definitions of the Hospital Quarterly Financial and Utilization Report data and a detailed description of each data element (field). The files contain 77 data elements on each of the approximately 600 hospitals which reported financial and utilization information for a given calendar quarter to OSHPD. The appendices include a copy of the Quarterly Financial and Utilization Report form, formulas for selected calculations not included on the diskette, and a cross-reference list between counties and Health Facility Planning Areas.

If you have questions regarding the public disclosure of the Hospital Quarterly Financial and Utilization Report data, please contact the Data Users Support Group (DUSG) at (916) 322-2814.

1995 and 1996 Quarterly Report Data

Diskettes are available in 3 1/2" (1.44Mb) or 5 1/4" (1.2Mb). The diskette will contain data for the current quarter, the same quarter prior year, a four quarter aggregation ending with the current quarter, and a four quarter aggregation ending with the same quarter prior year. They can be used on IBM or compatible PCs operating under DOS Version 2.0 or higher with a recommended minimum of 640Kb of memory.

Should you be unable to process the 1.44Mb or 1.2Mb diskettes, contact DUSG to make arrangements for special request processing. This may entail additional time and expense.

Pre-1995 Quarterly Report Data

Diskettes are available in 5 1/4" (360Kb or 1.2Mb) or 3 1/2" (720Kb or 1.4Mb) and will contain data only for the current quarter. To accommodate the 360Kb diskette, the data has been divided into two files. Hospitals located in Health Service Areas (HSAs) 1 through 10 are in one file, while hospitals located in HSAs 11 through 14 are in the second file. When higher capacity diskettes are requested by the client, as many files as possible will be placed on a diskette.

The file names will be on the diskettes when you receive them.

GENERAL INFORMATION (CONTINUED)

Data File Description

Each line (row) represents one hospital. The diskette will contain separate data files for the current quarter, the same quarter prior year, a four quarter aggregation ending with the current quarter and a four quarter aggregation ending with the prior year. All the data elements which are reported on the Hospital Quarterly Financial and Utilization Report are provided. Several other data elements, including HSA, HFPA, and Type of Control, have been added. Other fields, including inpatient and outpatient operating expenses, were derived from the reported data.

In the record layout that follows, these data format representations are used:

<u>CODE</u>	<u>Representation</u>	<u>Meaning</u>
TEXT	Alphanumeric ¹	Alphabetic and/or numeric data, left justified, and space filled
NUMERIC	Numeric (comma-delimited)	Only numeric values, no punctuation, right justified, and left space filled (leading hyphen for negative sign)

¹There are double quotes (") around text fields in the comma-delimited (CSV) format since they may contain a comma as data.

PKZIP® Self-Extracting File

The files on the diskette should have an extension of .EXE. Switch to the directory/subdirectory you wish to store the expanded data. Then type A:\filename.EXE. This assumes the diskette is in the A:\ drive. If the diskette is in another drive, substitute that drive letter for the "A". PKZIP® will then expand the file(s) into the current directory. This will need to be done with each .EXE file on the diskette.

SUMMARY OF DATA FIELDS

This section provides a summary of the data contained in the diskette files related to the current 1996 quarter and the four quarter aggregation ending with the current 1996 quarter. As noted on page i, you must use the documentation dated August 1995 for the diskette files ending with 1995 quarters. This section also indicates those fields that have been deleted, or are either optional, additional, or calculated; and is included to provide a brief historical summary. In 1992, the number of quarterly report data fields increased from 46 fields to 80. We added another field in 1994, and four more fields in 1995.

A zero is used to denote a data field which is empty or blank. This means that the data field was either not applicable or no relevant financial or utilization data existed.

Deleted Data Fields

These fields will not appear in the diskette files covering the current 1996 quarter and the four quarter aggregation ending with the current 1996 quarter. They will, however, still appear in the diskette files ending with 1995 quarters. The Peer Group field was deleted because hospital Peer Group assignments are not being maintained. The other seven fields were deleted because they were replaced in 1992 with the expanded quarterly reporting requirements and are no longer useful. The deleted fields are:

<u>Former Location</u>	<u>Field Name</u>
H	Peer Group
S	Discharges Other
AA	Patient Days Other
AI	Outpatient Visits Other
BI	Deductions Charity - 91-Other
BK	Deductions Gifts and Subsidies for Indigent Care
BO	Deductions Other Contractual Adjustments and Allowances
BV	Net Patient Revenue Other

Optional Data Fields

There are eight optional data items on the quarterly report. Since these items are not required to be reported, hospitals may not be reporting them consistently or uniformly from quarter to quarter. The optional fields are:

<u>Location</u>	<u>Field Name</u>
T	Discharges Long-term Care
AA	Patient Days Long-term Care
AK	Physicians Professional Component Expenses
BU	Disproportionate Share Funds Transferred
BV	Purchased Inpatient Services Discharges
BW	Purchased Inpatient Services Patient Days
BX	Purchased Inpatient Services Expenses
BY	Purchased Inpatient Services Revenue

SUMMARY OF DATA FIELDS (CONTINUED)

Additional Data Fields

There are three fields which are not reported on the quarterly report form, but are included on the file to assist data users. The additional fields are:

<u>Location</u>	<u>Field Name</u>
F	Health Service Area (HSA)
G	Health Facility Planning Area (HFPA)
H	Type of Control

Calculated Data Fields

There are two fields which are not reported by hospitals and are calculated using reported data. The calculated fields are:

<u>Location</u>	<u>Field Name</u>
AI	Inpatient Operating Expenses
AJ	Outpatient Operating Expenses

SUMMARY OF DATA FIELDS (CONTINUED)

The fields which follow appear on the PC files. An "X" denotes that the field existed in the files during 1992 forward. Line No. refers to the number assigned the item on the Quarterly Financial and Utilization Report.

<u>Line No.</u>	<u>Description</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1995</u>	<u>1996</u>
2	OSHPD Facility Number	X	X	X	X	X
---	Year	X	X	X	X	X
---	Quarter	X	X	X	X	X
1	Name	X	X	X	X	X
4	City	X	X	X	X	X
---	HSA	X	X	X	X	X
---	HFPA	X	X	X	X	X
---	Type Of Control	X	X	X	X	X
19	Begin Date	X	X	X	X	X
20	End Date	X	X	X	X	X
25	Licensed Beds	X	X	X	X	
30	Available Beds	X	X	X	X	X
35	Staffed Beds	X	X	X	X	X
41	Discharges Medicare	X	X	X	X	X
42	Discharges Medi-Cal	X	X	X	X	X
43	Discharges County Indigent Programs	X	X	X	X	X
44	Discharges Other Third Parties	X	X	X	X	X
49	Discharges Other Payors	X	X	X	X	X
50	Discharges Total	X	X	X	X	X
55	Discharges Long Term Care	X	X	X	X	X
61	Patient Days Medicare	X	X	X	X	X
62	Patient Days Medi-Cal	X	X	X	X	
63	Patient Days County Indigent Programs	X	X	X	X	X
64	Patient Days Other Third Parties	X	X	X	X	X
69	Patient Days Other Payors	X	X	X	X	X
70	Patient Days Total	X	X	X	X	X
75	Patient Days Long-term Care	X	X	X	X	
81	Outpatient Visits Medicare	X	X	X	X	X
82	Outpatient Visits Medi-Cal	X	X	X	X	X
83	Outpatient Visits County Indigent Programs	X	X	X	X	X
84	Outpatient Visits Other Third Parties	X	X	X	X	
89	Outpatient Visits Other Payors	X	X	X	X	X
90	Outpatient Visits Total	X	X	X	X	
100	Total Operating Expenses	X	X	X	X	X
---	Inpatient Operating Expenses	X	X	X	X	
---	Outpatient Operating Expenses	X	X	X	X	X
110	Physician Professional Component Expenses	X	X	X	X	X

SUMMARY OF DATA FIELDS (CONTINUED)

<u>Line No.</u>	<u>Description</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1995</u>	<u>1996</u>
121	Gross Inpatient Revenue Medicare	X	X	X	X	X
122	Gross Inpatient Revenue Medi-Cal	X	X	X	X	X
123	Gross Inpatient Revenue County Indigent Programs	X	X	X	X	X
124	Gross Inpatient Revenue Other Third Parties X	X	X	X	X	
129	Gross Inpatient Revenue Other Payors	X	X	X	X	X
130	Gross Inpatient Revenue Total	X	X	X	X	X
131	Gross Outpatient Revenue Medicare X	X	X	X	X	
132	Gross Outpatient Revenue Medi-Cal X	X	X	X	X	
133	Gross Outpatient Revenue County Indigent Programs	X	X	X	X	X
134	Gross Outpatient Revenue Other Third Parties X	X	X	X	X	
139	Gross Outpatient Revenue Other Payors	X	X	X	X	X
140	Gross Outpatient Revenue Total	X	X	X	X	X
141	Deductions Medicare X	X	X	X	X	
142	Deductions Medi-Cal	X	X	X	X	X
143	Deductions Disproportionate Share Payments	X	X	X	X	X
145	Deductions County Indigent Programs	X	X	X	X	X
146	Deductions Other Third Parties	X	X	X	X	X
147	Deductions Bad Debts	X	X	X	X	X
148	Deductions Charity - Hill-Burton	X	X	X	X	X
149	Deductions Charity - Other	X	X	X	X	X
150	Deductions Restricted Donations and Subsidies for Indigent Care X	X	X	X	X	
151	Deductions Teaching Allowances	X	X	X	X	X
152	Deductions Clinical Teaching Support	X	X	X	X	X
159	Deductions Other Adjustments and Allowances	X	X	X	X	X
160	Deductions Total	X	X	X	X	X
161	Net Patient Revenue Medicare	X	X	X	X	X
162	Net Patient Revenue Medi-Cal	X	X	X	X	X
163	Net Patient Revenue County Indigent Programs	X	X	X	X	X
164	Net Patient Revenue Other Third Parties	X	X	X	X	X
	Net Patient Revenue Other					
169	Net Patient Revenue Other Payors	X	X	X	X	X
170	Net Patient Revenue Total	X	X	X	X	X
180	Other Operating Revenue	X	X	X	X	X
185	Net Nonoperating Revenue and Expenses	X	X	X	X	X
190	Capital Expenditures	X	X	X	X	X
195	Fixed Assets, Net	X	X	X	X	X

SUMMARY OF DATA FIELDS (CONTINUED)

<u>Line No.</u>	<u>Description</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1995</u>	<u>1996</u>
200	Disproportionate Share Funds					
	Transferred			X	X	X
205	Purchased Inpatient Services Discharges				X	X
210	Purchased Inpatient Services Patient Days				X	X
215	Purchased Inpatient Services Expenses				X	X
220	Purchased Inpatient Services Revenue				X	X

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

PC DISKETTE FILE SPECIFICATIONS (COMMA-DELIMITED FORMAT)

FILE NAME: Hospital Quarterly (See External Diskette Label For Specific Quarter And Year)

Record Length: 1200

Record Layout

Column	Line #	Description	Position		Field Size
			Begin	End	
A	2	OSHPD Facility Number	1	9	9
B	---	Year	11	14	4
C	---	Quarter	16	16	1
D	* 1	Name	19	58	40
E	* 4	City	62	81	20
F	---	HSA	85	86	2
G	---	HSPA	90	93	4
H	---	Type Of Control	97	97	1
I	* 19	Begin Date	101	106	6
J	* 20	End Date	111	116	6
K	25	Licensed Beds	119	124	6
L	30	Available Beds	126	131	6
M	35	Staffed Beds	133	138	6
N	41	Discharges Medicare	140	147	8
O	42	Discharges Medi-Cal	149	156	8
P	43	Discharges County Indigent Programs	158	167	10
Q	44	Discharges Other Third Parties	169	178	10
R	49	Discharges Other Payors	180	189	10
S	50	Discharges Total	191	198	8
T	55	Discharges Long-term Care	200	209	10
U	61	Patient Days Medicare	211	220	10
V	62	Patient Days Medi-Cal	222	231	10
W	63	Patient Days County Indigent Programs	233	242	10
X	64	Patient Days Other Third Parties	244	253	10
Y	69	Patient Days Other Payors	255	264	10
Z	70	Patient Days Total	266	275	10
AA	75	Patient Days Long-term Care	277	286	10
AB	81	Outpatient Visits Medicare	288	297	10
AC	82	Outpatient Visits Medi-Cal	209	308	10
AD	83	Outpatient Visits County Indigent Programs	310	319	10

*Name, City, Begin Date, and End Date are text fields, and all other fields are numeric fields.

Numeric fields have leading spaces. If a numeric value is a negative number, the number will be preceded by a hyphen (-).

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

PC DISKETTE FILE SPECIFICATIONS (COMMA-DELIMITED FORMAT)

RECORD LAYOUT

Column	Line #	Description	Position Begin	End	Field Size
AE	84	Outpatient Visits Other Third Parties	321	330	10
AF	89	Outpatient Visits Other Payors	332	341	10
AG	90	Outpatient Visits Total	343	352	10
AH	100	Total Operating Expenses	354	364	11
AI	---	Inpatient Operating Expenses	366	376	11
AJ	---	Outpatient Operating Expenses	378	388	11
AK	110	Physician Professional Component Expenses	390	400	11
AL	121	Gross Inpatient Revenue Medicare	402	412	11
AM	122	Gross Inpatient Revenue Medi-Cal	414	424	11
AN	123	Gross Inpatient Revenue Cnty Indigent Programs	426	436	11
AO	124	Gross Inpatient Revenue Other Third Parties	438	448	11
AP	129	Gross Inpatient Revenue Other Payors	450	460	11
AQ	130	Gross Inpatient Revenue Total	462	472	11
AR	131	Gross Outpatient Revenue Medicare	474	484	11
AS	132	Gross Outpatient Revenue Medi-Cal	486	496	11
AT	133	Gross Outpatient Revenue County Indigent Programs	498	508	11
AU	134	Gross Outpatient Revenue Other Third Parties	510	520	11
AV	139	Gross Outpatient Revenue Other Payors	522	532	11
AW	140	Gross Outpatient Revenue Total	534	544	11
AX	141	Deductions Medicare	546	556	11
AY	142	Deductions Medi-Cal	558	568	11
AZ	143	Deductions Disproportionate Share Payments	570	580	11
BA	145	Deductions County Indigent Programs	582	592	11
BB	146	Deductions Other Third Parties	594	604	11
BC	147	Deductions Bad Debts	606	616	11
BD	148	Deductions Charity - Hill-Burton	618	628	11
BE	149	Deductions Charity - Other	630	640	11
BF	150	Deductions Restricted Donations and Subsidies for Indigent Care	642	652	11
BG	151	Deductions Teaching Allowances	654	664	11
BH	152	Deductions Clinical Teaching Support	666	676	11
BI	159	Deductions Other Adjustments and Allowances	678	688	11
BJ	160	Deductions Total	690	700	11
BK	161	Net Patient Revenue Medicare	702	712	11

*Name, City, Begin Date, and End Date are text fields, and all other fields are numeric fields.

Numeric fields have leading spaces. If a numeric value is a negative number, the number will be preceded by a hyphen (-).

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

PC DISKETTE FILE SPECIFICATIONS (COMMA-DELIMITED FORMAT)

RECORD LAYOUT

Column	Line #	Description	Position Begin	End	Field Size
BL	162	Net Patient Revenue Medi-Cal	714	724	11
BM	163	Net Patient Revenue County Indigent Programs	726	736	11
BN	164	Net Patient Revenue Other Third Parties	738	748	11
BO	169	Net Patient Revenue Other Payors	750	760	11
BP	170	Net Patient Revenue Total	762	772	11
BQ	180	Other Operating Revenue	774	784	11
BR	185	Net Nonoperating Revenue and Expenses	786	796	11
BS	190	Capital Expenditures	798	808	11
BT	195	Fixed Assets, Net	810	820	11
BU	200	Disproportionate Share Funds Transferred	822	832	11
BV	205	Purchased Inpatient Services Discharges	834	844	11
BW	210	Purchased Inpatient Services Patient Days	846	856	11
BX	215	Purchased Inpatient Services Expenses	858	868	11
BY	220	Purchased Inpatient Services Revenue	870	880	11
		Unused Space	881	1200	320

*Name, City, Begin Date, and End Date are text fields, and all other fields are numeric fields.

Numeric fields have leading spaces. If a numeric value is a negative number, the number will be preceded by a hyphen (-).

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

DATA FIELD DEFINITION

LINE NO.: 2 (FAC_NO.)

FIELD NAME: OSHPD FACILITY NUMBER

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DESCRIPTION: A unique nine-digit facility identifier assigned by OSHPD and created by the former California Health Facilities Commission (CHFC). Prior to January 1987, the identifier was derived by CHFC from the state license number assigned to each facility by the California Department of Health Services (DHS). Effective January 1987, DHS began using a new license numbering scheme. OSHPD chose not to renumber its facility identifiers. All new facilities are assigned a unique number by county in the 4000 range.

<u>VALUES</u>	<u>MEANING</u>
---------------	----------------

N/A	N/A
-----	-----

FORMAT

Positions	Description
1-3	Fixed value of '106'
4-5	County of facility (See next page)
6-9	Unique four-digit number within the county. Prior to January 1987, determined by DHS and derived from the last four digits of the state license number assigned by DHS. Since that time, new facilities have numbers assigned by OSHPD in the 4000 range.

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

DATA FIELD DEFINITION

LIST OF CALIFORNIA COUNTIES

Code	Name	Code	Name
01	Alameda	30	Orange
02	Alpine	31	Placer
03	Amador	32	Plumas
04	Butte	33	Riverside
05	Calaveras	34	Sacramento
06	Colusa	35	San Benito
07	Contra Costa	36	San Bernardino
08	Del Norte	37	San Diego
09	El Dorado	38	San Francisco
10	Fresno	39	San Joaquin
11	Glenn	40	San Luis Obispo
12	Humboldt	41	San Mateo
13	Imperial	42	Santa Barbara
14	Inyo	43	Santa Clara
15	Kern	44	Santa Cruz
16	Kings	45	Shasta
17	Lake	46	Sierra
18	Lassen	47	Siskiyou
19	Los Angeles	48	Solano
20	Madera	49	Sonoma
21	Marin	50	Stanislaus
22	Mariposa	51	Sutter
23	Mendocino	52	Tehama
24	Merced	53	Trinity
25	Modoc	54	Tulare
26	Mono	55	Tuolumne
27	Monterey	56	Ventura
28	Napa	57	Yolo
29	Nevada	58	Yuba

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

DATA FIELD DEFINITION

LINE NO.: --- (YEAR)

FIELD NAME: YEAR

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Calendar four-digit year of reporting quarter (CCYY).

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO.: --- (QTR)

FIELD NAME: QUARTER

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Reporting quarter number (based on calendar quarter). Hospitals which use a 13-period accounting cycle have quarterly report periods that do not necessarily coincide with a calendar quarter. The quarter number reflects the reported accounting periods which most closely align with an actual calendar quarter.

<u>VALUES</u>	<u>MEANING</u>
1	January 1 - March 31
2	April 1 - June 30
3	July 1 - September 30
4	October 1 - December 31

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

DATA FIELD DEFINITION

LINE NO.: 1 (FAC_NAME)

FIELD NAME: NAME

DATA TYPE (NUMERIC/TEXT): TEXT

FORMAT: N/A

DEFINITION: Name under which the hospital is doing business. This name may differ from the hospital's legal name.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO.: 4 (CITY)

FIELD NAME: CITY

DATA TYPE (NUMERIC/TEXT): TEXT

FORMAT: N/A

DEFINITION: Name of the city in which the hospital is located.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

DATA FIELD DEFINITION

LINE NO.: --- (HSA)

FIELD NAME: HSA

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: A numeric code denoting the Health Service Area (HSA) in which the hospital is located. This geographic area, consisting of one or more contiguous counties, is designated by the Department of Health and Human Services for health planning on a regional basis as required by Public Law 93-641.

<u>VALUES</u>	<u>MEANING</u>
1	Northern California HSA
2	Golden Empire HSA
3	North Bay HSA
4	West Bay HSA
5	East Bay HSA
6	North San Joaquin HSA
7	Santa Clara HSA
8	Mid-Coast HSA
9	Central HSA
10	Santa Barbara/Ventura HSA
11	Los Angeles County HSA
12	Inland Counties HSA
13	Orange County HSA
14	San Diego/Imperial HSA

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

DATA FIELD DEFINITION

LINE NO.: --- (HFPA)

FIELD NAME: HFPA

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: A numeric code denoting the Health Facility Planning Area (HFPA) in which the hospital is located. The HFPA is a geographic subdivision of a Health Service Area (HSA) and is defined by OSHPD. They are used for evaluating existing and required hospital facilities and services.

VALUES

MEANING

See Appendix C for a cross-reference list which is sorted in county order and displays the HFPA numbers and related names that are located in that county. Please note that some HFPAs may have boundaries which cross into more than one county.

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

DATA FIELD DEFINITION

LINE NO.: --- (TOC)

FIELD NAME: TYPE OF CONTROL

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Denotes the ownership and/or legal organization of a hospital licensee.

<u>VALUES</u>	<u>MEANING</u>
1	Non-Profit (includes church, non-profit corporation, and non-profit other)
2	Investor owned (includes investor-individual, investor-partnership, and investor-corporation)
3	State
4	Government (includes county, city/county, and city)
5	District

LINE NO.: 19 (BG_DATE)

FIELD NAME: BEGIN DATE

DATA TYPE (NUMERIC/TEXT): TEXT

FORMAT: N/A

DEFINITION: Reporting quarter beginning date (MMDDYY) will be the date of the first day of the calendar quarter unless a hospital submitted a report for part of the period. In this case, the hospital may have submitted more than one report to cover the entire quarter. The multiple reports are combined into one hospital record in the file/spreadsheet. Hospitals which use a 13-period accounting cycle may have a report period begin date that does not coincide with the first day of a calendar quarter. For hospitals that filed no reports for this quarter, "999999" is entered for this item.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

DATA FIELD DEFINITION

LINE NO.: 20 (ED_DATE)

FIELD NAME: END DATE

DATA TYPE (NUMERIC/TEXT): TEXT

FORMAT: N/A

DEFINITION: Reporting quarter end date (MMDDYY) will be the date of the last day of the calendar quarter unless a hospital submitted a report for part of the period. See definition for Line No. 19, Begin Date. Hospitals which use a 13-period accounting cycle may have a report period end date that does not coincide with the last day of a calendar quarter. For hospitals that filed no reports for this quarter, "000000" is entered for this item.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO.: 25 (LIC_BEDS)

FIELD NAME: LICENSED BEDS

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Number of licensed beds (excluding beds placed in suspense and nursery bassinets) stated on the facility license as of the last day of the reporting period. If more than one report is filed for a quarter, this line is a weighted average, based on the number of report days in each report.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

DATA FIELD DEFINITION

LINE NO.: 30 (AVL_BEDS)

FIELD NAME: AVAILABLE BEDS

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Average number of beds (excluding nursery bassinets) physically existing and actually available for overnight use, regardless of staffing levels. If more than one report is filed for a quarter, this line is a weighted average, based on the number of report days in each report.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO.: 35 (STF_BEDS)

FIELD NAME: STAFFED BEDS

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Average complement of beds fully staffed during the quarter, or those beds that are set-up, staffed, and equipped, and in all respects, ready for use by patients remaining in the hospital overnight. If more than one report is filed for a quarter, this line is a weighted average, based on the number of report days in each report.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

DATA FIELD DEFINITION

LINE NO.: 41 (DIS_MCAR)

FIELD NAME: DISCHARGES MEDICARE

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Number of formally admitted patients discharged from the hospital during the reporting period, excluding nursery discharges and including deaths, for which Medicare was the primary payor. The transfer of a patient from one type of care to another type of care within the hospital is also counted as a discharge. There are five types of care: Acute Care, Psychiatric Care, Rehabilitation Care, Long-term Care, and Residential Care. Discharges related to patients enrolled in managed care plans (e.g., HMOs and PPOs) funded by Medicare are reported in Line No. 44, Discharges Other Third Parties.

<u>VALUES</u>	<u>MEANING</u>
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N/A	N/A
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LINE NO.: 42 (DIS_MCAL)

FIELD NAME: DISCHARGES MEDI-CAL

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Number of formally admitted patients discharged from the hospital during the reporting period, excluding nursery discharges and including deaths, for which Medi-Cal was the primary payor. The transfer of a patient from one type of care to another type of care within the hospital is also counted as a discharge. There are five types of care: Acute Care, Psychiatric Care, Rehabilitation Care, Long-term Care, and Residential Care. Discharges related to patients enrolled in managed care plans (e.g., HMOs and PPOs) funded by Medi-Cal are reported in Line No. 44, Discharges Other Third Parties.

<u>VALUES</u>	<u>MEANING</u>
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N/A	N/A
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OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

DATA FIELD DEFINITION

LINE NO.: 43 (DIS_CNTY)

FIELD NAME: DISCHARGES COUNTY INDIGENT PROGRAMS

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Number of formally admitted patients discharged from the hospital during the reporting period, excluding nursery discharges and including deaths, for which a county was responsible for rendered services. The transfer of a patient from one type of care to another type of care within the hospital is also counted as a discharge. There are five types of care: Acute Care, Psychiatric Care, Rehabilitation Care, Long-term Care, and Residential Care.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO.: 44 (DIS_THRD)

FIELD NAME: DISCHARGES OTHER THIRD PARTIES

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Number of formally admitted patients discharged from the hospital during the reporting period, excluding nursery discharges and including deaths, for which a third party payor other than Medicare, Medi-Cal, and a county was the primary payor. The transfer of a patient from one type of care to another type of care within the hospital is also counted as a discharge. There are five types of care: Acute Care, Psychiatric Care, Rehabilitation Care, Long-term Care, and Residential Care. Includes patients enrolled in managed care plans (e.g., HMOs and PPOs) funded in whole or in part by Medicare and/or Medi-Cal.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

DATA FIELD DEFINITION

LINE NO.: 49 (DIS_OTH)

FIELD NAME: DISCHARGES OTHER PAYORS

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Number of formally admitted patients discharged from the hospital during the reporting period, excluding nursery discharges and including deaths, for which Medicare, Medi-Cal, Other Third Parties, and County Indigent Programs were **not** the primary payor. The transfer of a patient from one type of care to another type of care within the hospital is also counted as a discharge. There are five types of care: Acute Care, Psychiatric Care, Rehabilitation Care, Long-term Care, and Residential Care.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO.: 50 (DIS_TOT)

FIELD NAME: DISCHARGES TOTAL

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Total number of formally admitted patients discharged from the hospital during the reporting period, excluding nursery discharges and including deaths. The transfer of a patient from one type of care to another type of care within the hospital is also counted as a discharge. There are five types of care: Acute Care, Psychiatric Care, Rehabilitation Care, Long-term Care, and Residential Care.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

DATA FIELD DEFINITION

LINE NO.: 55 (DIS_LTC)

FIELD NAME: DISCHARGES LONG-TERM CARE

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Number of skilled nursing, intermediate care, sub-acute care, and other long-term patients discharged from all long-term care daily hospital cost centers during the reporting period, including deaths and transfers to another type of care within the hospital. This is not a mandatory reporting item, and therefore may not be reported consistently or uniformly by all hospitals from quarter to quarter. These discharges are also included in Line Numbers 41 through 50, as appropriate.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO.: 61 (DAY_MCAR)

FIELD NAME: PATIENT DAYS MEDICARE

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Number of inpatient days of care (census days) provided to patients during the reporting period, excluding nursery days, for which Medicare was the primary payor. Patient days related to patients enrolled in managed care plans (e.g., HMOs and PPOs) funded by Medicare are reported in Line No. 64, Patient Days Other Third Parties.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

DATA FIELD DEFINITION

LINE NO.: 62 (DAY_MCAL)

FIELD NAME: PATIENT DAYS MEDI-CAL

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Number of inpatient days of care (census days) provided to patients during the reporting period, excluding nursery days, for which Medi-Cal was the primary payor. Patient days related to patients enrolled in managed care plans (e.g., HMOs and PPOs) funded by Medi-Cal are reported in Line No. 64, Patient Days Other Third Parties.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO.: 63 (DAY_CNTY)

FIELD NAME: PATIENT DAYS COUNTY INDIGENT PROGRAMS

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Number of inpatient days of care (census days) provided to indigent patients during the reporting period, excluding nursery days, for which a county was responsible for rendered services.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

DATA FIELD DEFINITION

LINE NO.: 64 (DAY_THRD)

FIELD NAME: PATIENT DAYS OTHER THIRD PARTIES

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Number of inpatient days of care (census days) provided to patients during the reporting period, excluding nursery days, for which a third party payor other than Medicare, Medi-Cal, and a county was the primary payor. Includes patients enrolled in managed care plans (e.g., HMOs and PPOs) funded in whole or in part by Medicare and/or Medi-Cal.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO.: 69 (DAY_OTH)

FIELD NAME: PATIENT DAYS OTHER PAYORS

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Number of inpatient days of care (census days) provided to patients during the reporting period, excluding nursery days, for which Medicare, Medi-Cal, Other Third Parties, and County Indigent Programs were **not** the primary payor.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

DATA FIELD DEFINITION

LINE NO.: 70 (DAY_TOT)

FIELD NAME: PATIENT DAYS TOTAL

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Total number of inpatient days of care (census days) provided to patients during the reporting period, excluding nursery days. Includes long-term care (LTC) days of care provided during the reporting period.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO.: 75 (DAY_LTC)

FIELD NAME: PATIENT DAYS LONG-TERM CARE

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Number of skilled nursing, intermediate care, sub-acute care, and other long-term inpatient days of care provided to patients during the reporting period. This is not a mandatory reporting item, and therefore may not be reported consistently or uniformly by all hospitals from quarter to quarter. These days are also included in Line Numbers 61 through 69, as appropriate.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

DATA FIELD DEFINITION

LINE NO.: 81 (VIS_MCAR)

FIELD NAME: OUTPATIENT VISITS MEDICARE

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Number of outpatient visits during the reporting period for which Medicare was the primary payor. Outpatient visits include: 1) the appearance of an outpatient in an ambulatory service center, and 2) the appearance of a private referred outpatient in the hospital for ancillary services. Ambulatory service centers include Emergency Services (medical and psychiatric), Clinics (hospital-based and satellite), Ambulatory Surgery Centers, Outpatient Chemical Dependency Services, Observation Care, Partial Hospitalization-Psychiatric, Home Health Care Services, Hospice-Outpatient, and Adult Day Health Care. Ancillary services include Clinical Laboratory Services, Radiology-Diagnostic, Physical Therapy, etc. Outpatient visits related to patients enrolled in managed care plans (e.g., HMOs and PPOs) funded by Medicare are reported in Line No. 84, Outpatient Visits Other Third Parties.

<u>VALUES</u>	<u>MEANING</u>
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N/A	N/A
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LINE NO.: 82 (VIS_MCAL)

FIELD NAME: OUTPATIENT VISITS MEDI-CAL

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Number of outpatient visits during the reporting period for which Medi-Cal was the primary payor. Outpatient visits include: 1) the appearance of an outpatient in an ambulatory service center, and 2) the appearance of a private referred outpatient in the hospital for ancillary services. See definition of ambulatory and ancillary services in Line No. 81, Outpatient Visits Medicare. Outpatient visits related to patients enrolled in managed care plans (e.g., HMOs and PPOs) funded by Medi-Cal are reported in Line No. 84, Outpatient Visits Other Third Parties.

<u>VALUES</u>	<u>MEANING</u>
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N/A	N/A
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OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

DATA FIELD DEFINITION

LINE NO.: 83 (VIS_CNTY)

FIELD NAME: OUTPATIENT VISITS COUNTY INDIGENT PROGRAMS

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Number of outpatient visits during the reporting period for which a county was responsible for rendered services. Outpatient visits include: 1) the appearance of an outpatient in an ambulatory service center, and 2) the appearance of a private referred outpatient in the hospital for ancillary services. See definition of ambulatory and ancillary services in Line No. 81, Outpatient Visits Medicare.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO.: 84 (VIS_THRD)

FIELD NAME: OUTPATIENT VISITS OTHER THIRD PARTIES

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Number of outpatient visits during the reporting period for which a third party payor other than Medicare, Medi-Cal, and a county was the primary payor. Outpatient visits include: 1) the appearance of an outpatient in an ambulatory service center, and 2) the appearance of a private referred outpatient in the hospital for ancillary services. See definition of ambulatory and ancillary services in Line No. 81, Outpatient Visits Medicare. Includes outpatient visits for patients enrolled in managed care plans (e.g., HMOs and PPOs) funded in whole or in part by Medicare and/or Medi-Cal.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

DATA FIELD DEFINITION

LINE NO.: 89 (VIS_OTH)

FIELD NAME: OUTPATIENT VISITS OTHER PAYORS

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Number of outpatient visits during the reporting period for which Medicare, Medi-Cal, Other Third Parties, and County Indigent Programs were **not** the primary payor. Outpatient visits include: 1) the appearance of an outpatient in an ambulatory service center, and 2) the appearance of a private referred outpatient in the hospital for ancillary services. See definition of ambulatory and ancillary services in Line No. 81, Outpatient Visits Medicare.

VALUES	<u>MEANING</u>
N/A	N/A

LINE NO.: 90 (VIS_TOT)

FIELD NAME: OUTPATIENT VISITS TOTAL

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Total number of outpatient visits reported during the reporting period. Outpatient visits include: 1) the appearance of an outpatient in an ambulatory service center, and 2) the appearance of a private referred outpatient in the hospital for ancillary services. See definition of ambulatory and ancillary services in Line No. 81, Outpatient Visits Medicare.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

DATA FIELD DEFINITION

LINE NO.: 100 (TOT_EXP)

FIELD NAME: TOTAL OPERATING EXPENSES

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: All operating expenses incurred by the hospital during the reporting period and accrued to the end of the reporting period. This includes all expenses associated with daily hospital services, ambulatory services, ancillary services, purchased inpatient services, research, education, general services, fiscal services, administrative services, and unassigned costs. If the physician professional component is recorded as an expense, it is included in this amount.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO.: --- (INP_EXP)

FIELD NAME: INPATIENT OPERATING EXPENSES

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Total operating expenses related to inpatient services before adjustments for other operating revenue and physician professional component expenses. This line is not reported by the hospital but is determined by allocating total operating expenses using the ratio of gross inpatient revenue to the total gross patient revenue.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

DATA FIELD DEFINITION

LINE NO.: --- (OUT_EXP)

FIELD NAME: OUTPATIENT OPERATING EXPENSES

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Total operating expenses related to outpatient services before adjustments for other operating revenue and physician professional component expenses. This line is not reported by the hospital but is determined by allocating total operating expenses using the ratio of gross outpatient revenue to the total gross patient revenue.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO.: 110 (PHY_COMP)

FIELD NAME: PHYSICIAN PROFESSIONAL COMPONENT EXPENSES

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Fees paid to hospital-based physicians and residents for providing patient care services. This is not a mandatory reporting item and therefore may not be reported consistently or uniformly by all hospitals from quarter to quarter.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

DATA FIELD DEFINITION

LINE NO.: 121 (GRI_MCAR)

FIELD NAME: GROSS INPATIENT REVENUE MEDICARE

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Total charges, at the hospital's full established rates, for services rendered and goods sold to inpatients for which Medicare was the primary payor. Inpatient revenue includes daily hospital services, inpatient ambulatory services, inpatient ancillary services, and purchased inpatient services. Inpatient revenue related to patients enrolled in managed care plans (e.g., HMOs and PPOs) funded by Medicare are reported in Line No. 124, Gross Inpatient Revenue Other Third Parties.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO.: 122 (GRI_MCAL)

FIELD NAME: GROSS INPATIENT REVENUE MEDI-CAL

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Total charges, at the hospital's full established rates, for services rendered and goods sold to inpatients for which Medi-Cal was the primary payor. Inpatient revenue includes daily hospital services, inpatient ambulatory services, inpatient ancillary services, and purchased inpatient services. Inpatient revenue related to patients enrolled in managed care plans (e.g., HMOs and PPOs) funded by Medi-Cal are reported in Line No. 124, Gross Inpatient Revenue Other Third Parties.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

DATA FIELD DEFINITION

LINE NO.: 123 (GRI_CNTY)

FIELD NAME: GROSS INPATIENT REVENUE COUNTY INDIGENT PROGRAMS

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Total charges, at the hospital's full established rates, for services rendered and goods sold to indigent inpatients for which a county was responsible for rendered services. Inpatient revenue includes daily hospital services, inpatient ambulatory services, inpatient ancillary services, and purchased inpatient services.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO.: 124 (GRI_THRD)

FIELD NAME: GROSS INPATIENT REVENUE OTHER THIRD PARTIES

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Total charges, at the hospital's full established rates, for services rendered and goods sold to inpatients for which a third party other than Medicare, Medi-Cal, and a county was the primary payor. Inpatient revenue includes daily hospital services, inpatient ambulatory services, inpatient ancillary services, and purchased inpatient services. Includes inpatient revenue for patients enrolled in managed care plans (e.g., HMOs and PPOs) funded in whole or in part by Medicare and/or Medi-Cal.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

DATA FIELD DEFINITION

LINE NO.: 129 (GRI_OTH)

FIELD NAME: GROSS INPATIENT REVENUE OTHER PAYORS

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Total charges, at the hospital's full established rates, for services rendered and goods sold to inpatients for which Medicare, Medi-Cal, County Indigent Programs, and Other Third Parties were **not** the primary payor. Inpatient revenue includes daily hospital services, inpatient ambulatory services, inpatient ancillary services, and purchased inpatient services.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO.: 130 (GRI_TOT)

FIELD NAME: GROSS INPATIENT REVENUE TOTAL

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Total charges, at the hospital's full established rates, for services rendered and goods sold to all inpatients. Inpatient revenue includes daily hospital services, inpatient ambulatory services, inpatient ancillary services, and purchased inpatient services.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

DATA FIELD DEFINITION

LINE NO.: 131 (GRO_MCAR)

FIELD NAME: GROSS OUTPATIENT REVENUE MEDICARE

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Total charges, at the hospital's full established rates, for services rendered and goods sold to outpatients for which Medicare was the primary payor. Outpatient revenue includes outpatient ambulatory services and outpatient ancillary services. Outpatient revenue related to patients enrolled in managed care plans (e.g., HMOs and PPOs) funded by Medicare are reported in Line No. 134, Gross Outpatient Revenue Other Third Parties.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO.: 132 (GRO_MCAL)

FIELD NAME: GROSS OUTPATIENT REVENUE MEDI-CAL

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Total charges, at the hospital's full established rates, for services rendered and goods sold to outpatients for which Medi-Cal was the primary payor. Outpatient revenue includes outpatient ambulatory services and outpatient ancillary services. Outpatient revenue related to patients enrolled in managed care plans (e.g., HMOs and PPOs) funded by Medi-Cal are reported in Line No. 134, Gross Outpatient Revenue Other Third Parties.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

DATA FIELD DEFINITION

LINE NO.: 133 (GRO_CNTY)

FIELD NAME: GROSS OUTPATIENT REVENUE COUNTY INDIGENT PROGRAMS

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Total charges, at the hospital's full established rates, for services rendered and goods sold to indigent outpatients for which a county was responsible for rendered services. Outpatient revenue includes outpatient ambulatory services and outpatient ancillary services.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO.: 134 (GRO_THRD)

FIELD NAME: GROSS OUTPATIENT REVENUE OTHER THIRD PARTIES

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Total charges, at the hospital's full established rates, for services rendered and goods sold to outpatients for which a third party other than Medicare, Medi-Cal, and a county was the primary payor. Outpatient revenue includes outpatient ambulatory services and outpatient ancillary services. Includes outpatient revenue for patients enrolled in managed care plans (e.g., HMOs and PPOs) funded in whole or in part by Medicare and/or Medi-Cal.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

DATA FIELD DEFINITION

LINE NO.: 139 (GRO_OTH)

FIELD NAME: GROSS OUTPATIENT REVENUE OTHER PAYORS

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Total charges, at the hospital's full established rates, for services rendered and goods sold to outpatients for which Medicare, Medi-Cal, County Indigent Programs, and Other Third Parties were **not** the primary payor. Outpatient revenue includes outpatient ambulatory services and outpatient ancillary services.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO.: 140 (GRO_TOT)

FIELD NAME: GROSS OUTPATIENT REVENUE TOTAL

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Total charges, at the hospital's full established rates, for services rendered and goods sold to all outpatients. Outpatient revenue includes outpatient ambulatory services and outpatient ancillary services.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

DATA FIELD DEFINITION

LINE NO.: 141 (DED_MCAR)

FIELD NAME: DEDUCTIONS MEDICARE

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The amount of Medicare contractual adjustments, which is a deduction from gross patient revenue. Contractual adjustments are the difference between charges based on the hospital's full established rates and the amount of charges received or due under contractual agreement.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO.: 142 (DED_MCAL)

FIELD NAME: DEDUCTIONS MEDI-CAL

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The amount of Medi-Cal contractual adjustments, which is a deduction from gross patient revenue. Contractual adjustments are the difference between charges based on the hospital's full established rates and the amount of charges received or due under contractual agreement. Includes supplemental Medi-Cal disproportionate share payments made to hospitals during the reporting period under SB 1255 (Chapter 996, Statutes of 1989).

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

DATA FIELD DEFINITION

LINE NO.: 143 (DED_DISP)

FIELD NAME: DEDUCTIONS DISPROPORTIONATE SHARE PAYMENTS

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The amount of supplemental Medi-Cal inpatient disproportionate share payments made to hospitals during the reporting period under SB 855 (Chapter 279, Statutes of 1991). Since disproportionate share payments have a credit balance, the value of this line will be negative.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO.: 145 (DED_CNTY)

FIELD NAME: DEDUCTIONS COUNTY INDIGENT PROGRAMS

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The amount of County Indigent Programs contractual adjustments, which is a deduction from gross patient revenue. Contractual adjustments are the difference between charges based on the hospital's full established rates and the amount of charges received or due under contractual agreement. This amount includes tobacco tax funds received by county hospitals and certain non-county hospitals who are under contract to provide care to county-sponsored indigent patients.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

DATA FIELD DEFINITION

LINE NO.: 146 (DED_THRD)

FIELD NAME: DEDUCTIONS OTHER THIRD PARTIES

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The amount of Other Third Parties contractual adjustments, which is a deduction from gross patient revenue. Contractual adjustments are the difference between charges based on the hospital's full established rates and the amount of charges received or due under contractual agreement.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO.: 147 (DED_BD)

FIELD NAME: DEDUCTIONS BAD DEBTS

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The amount of a hospital's provision for bad debts, which is a deduction from gross patient revenue. Bad debts are the amount of charges the hospital is not able to collect from patients who are able to pay for all or part of their bill, but are unwilling to pay.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

DATA FIELD DEFINITION

LINE NO.: 148 (DED_HB)

FIELD NAME: DEDUCTIONS CHARITY - HILL-BURTON

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The amount of charity care provided to satisfy the hospital's obligation under the Hill-Burton program. This is a deduction from gross patient revenue.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO.: 149 (DED_CHAR)

FIELD NAME: DEDUCTIONS CHARITY-OTHER

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The amount of charity care provided, other than under the Hill-Burton program, for those patients who are unable to pay for all or part of their bill or are not sponsored by any form of third party coverage. Uncollectible amounts related to patients who are unable to pay for services, but are the responsibility of a county, are reported in Line No. 145, Deductions County Indigent Programs. This is a deduction from gross patient revenue.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

DATA FIELD DEFINITION

LINE NO.: 150 (DED_REST)

FIELD NAME: DEDUCTIONS RESTRICTED DONATIONS AND SUBSIDIES FOR INDIGENT CARE

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The amount of restricted donations and governmental subsidies for indigent care, including tobacco tax funds received by most non-county hospitals. No MISP funds are included since that payment program was canceled with the passage of AB 99 (Chapter 278, Statutes of 1991). This amount is used to offset the cost of charity care. Since restricted donations and subsidies have a credit balance, the value of this line will be negative.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO.: 151 (DED_TCH)

FIELD NAME: DEDUCTIONS TEACHING ALLOWANCES

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The amount of charges written-off when it is determined by the teaching hospital that the selected patient does not have the ability to pay but whose case would benefit the teaching mission of the hospital. This reporting item is used only by the University of California hospitals.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

DATA FIELD DEFINITION

LINE NO.: 152 (DED_CLIN)

FIELD NAME: DEDUCTIONS CLINICAL TEACHING SUPPORT

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The amount of support provided exclusively to the University of California hospitals to offset a portion of the cost of their teaching mission. These funds are offset against the Teaching Allowances reported in Line No. 151. Since Clinical Teaching Support has a credit balance, the value of this line will be negative.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO.: 159 (DED_OTH)

FIELD NAME: DEDUCTIONS OTHER ADJUSTMENTS AND ALLOWANCES

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The amount of deductions from revenue which is not included elsewhere, including policy discounts and administrative adjustments.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

DATA FIELD DEFINITION

LINE NO.: 160 (DED_TOT)

FIELD NAME: DEDUCTIONS TOTAL

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The sum of all deductions from revenue. Included in total deductions from revenue is provision for bad debts; third party contractual adjustments; charity; teaching allowances; and other adjustments, net of SB 855 Disproportionate Share Payments for Medical, Restricted Donations and Subsidies for Indigent Care, and Clinical Teaching Support.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO.: 161 (NET_MCAR)

FIELD NAME: NET PATIENT REVENUE MEDICARE

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The amount received or to be received from the Medicare program for services provided and goods sold to Medicare patients. This amount equals Medicare gross patient revenue minus Medicare contractual adjustments and any other deductions from revenue, such as charity care and bad debts, related to Medicare patients.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

DATA FIELD DEFINITION

LINE NO.: 162 (NET_MCAL)

FIELD NAME: NET PATIENT REVENUE MEDI-CAL

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The amount received or to be received from the Medi-Cal program for services provided and goods sold to Medi-Cal patients. This amount equals Medi-Cal gross patient revenue minus Medi-Cal contractual adjustments and any other deductions from revenue, such as charity care and bad debts, related to Medi-Cal patients. Disproportionate share payments provided by SB 855 and SB 1255 are included in this amount.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO.: 163 (NET_CNTY)

FIELD NAME: NET PATIENT REVENUE COUNTY INDIGENT PROGRAMS

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The amount received or to be received from counties for services provided and goods sold to County Indigent Program patients. This amount equals County Indigent Program gross patient revenue minus County Indigent Program contractual adjustments and any other deductions from revenue, such as charity care and bad debts, related to County Indigent Program patients.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

DATA FIELD DEFINITION

LINE NO.: 164 (NET_THRD)

FIELD NAME: NET PATIENT REVENUE OTHER THIRD PARTIES

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The amount received or to be received from Other Third Party Payors for services provided and goods sold to Other Third Parties patients. This amount equals Other Third Parties gross patient revenue minus Other Third Parties contractual adjustments and any other deductions from revenue, such as charity care and bad debts, related to Other Third Parties patients.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO.: 169 (NET_OTH)

FIELD NAME: NET PATIENT REVENUE OTHER PAYORS

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The amount received or to be received from payors **other than** Medicare, Medi-Cal, County Indigent Programs, and Other Third Parties for services provided and goods sold. This amount equals Other Payors gross patient revenue minus all deductions from revenue not deducted elsewhere.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

DATA FIELD DEFINITION

LINE NO.: 170 (NET_TOT)

FIELD NAME: NET PATIENT REVENUE TOTAL

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Total charges at the hospital's full established rates for services rendered and goods sold to all patients minus all deductions from revenue.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO.: 180 (OTHOPREV)

FIELD NAME: OTHER OPERATING REVENUE

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Other operating revenue includes revenue from non-patient care services to patients, and sales and activities to persons other than patients, but not from patient care services. Examples include television rental income, rebates and refunds on expenses, and non-patient food sales.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

DATA FIELD DEFINITION

LINE NO.: 185 (NONOPREX)

FIELD NAME: NET NONOPERATING REVENUE AND EXPENSES

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The difference between non-operating revenue and non-operating expenses. Non-operating revenue and expenses are revenue and expenses of the hospital not directly related to patient care, related patient services, or the sale of related goods. Examples include a gain or loss on sale of hospital property, unrestricted investment income, medical office building revenue and expenses, and government appropriations. If non-operating expenses are greater than non-operating revenue, the value will be negative.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO.: 190 (CAPITAL)

FIELD NAME: TOTAL CAPITAL EXPENDITURES

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The amount expended during the reporting period for additions of property, plant, and equipment, including expenditures which have the effect of increasing the capacity, efficiency, lifespan, or economy of operation of an existing fixed asset.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

DATA FIELD DEFINITION

LINE NO.: 195 (ASSETS)

FIELD NAME: FIXED ASSETS NET OF ACCUMULATED DEPRECIATION

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The cost of fixed assets, including land, land improvements, buildings, building improvements, leasehold improvements, and equipment, less accumulated depreciation thereon, plus construction-in-progress, as of the end of the reporting period.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO.: 200 (DISP_TFR)

FIELD NAME: DISPROPORTIONATE SHARE FUNDS TRANSFERRED

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The amount of SB 855 and/or SB 1255 Medi-Cal disproportionate share funds transferred from the hospital to a related public entity during the reporting period, or accrued for transfer in the next reporting period. This is not a mandatory reporting item, and therefore, may not be reported consistently or uniformly by all hospitals from quarter to quarter. Only county, district, and University of California hospitals will report this item.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

DATA FIELD DEFINITION

LINE NO.: 205 (PURIPDIS)

FIELD NAME: PURCHASED INPATIENT SERVICES DISCHARGES

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Number of discharges related to inpatient care services purchased from and provided by another hospital during the reporting period. This situation may arise when the hospital is unable to provide services on-site and is contractually obligated to seek such services elsewhere. This is not a mandatory reporting item, and therefore, may not be reported consistently or uniformly by all hospitals from quarter to quarter. Purchased inpatient discharges are excluded from the discharges reported in Line Numbers 41 through 55.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO.: 210 (PURIPDAY)

FIELD NAME: PURCHASED INPATIENT SERVICES PATIENT DAYS

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Number of inpatient days of care (census days) for patients whose inpatient care was purchased from and provided by another hospital during the reporting period. This situation may arise when the hospital is unable to provide services on-site and is contractually obligated to seek such services elsewhere. This is not a mandatory reporting item, and therefore, may not be reported consistently or uniformly by all hospitals from quarter to quarter. Purchased inpatient days are excluded from the patient days reported in Line Numbers 61 through 75.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

DATA FIELD DEFINITION

LINE NO.: 215 (PURIPEXP)

FIELD NAME: PURCHASED INPATIENT SERVICES EXPENSES

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Expenses associated with patients whose inpatient care was purchased from and provided by another hospital during the reporting period. This situation may arise when the hospital is unable to provide services on-site and is contractually obligated to seek such services elsewhere. This is not a mandatory reporting item, and therefore, may not be reported consistently or uniformly by all hospitals from quarter to quarter. Purchased inpatient services expenses are included in Line No. 100, Total Operating Expenses.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO.: 220 (PURIPREV)

FIELD NAME: PURCHASED INPATIENT SERVICES REVENUE

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Total charges recorded by the hospital for patients whose inpatient care was purchased from and provided by another hospital during the reporting period. This situation may arise when the hospital is unable to provide services on-site and is contractually obligated to seek such services elsewhere. This is not a mandatory reporting item, and therefore, may not be reported consistently or uniformly by all hospitals from quarter to quarter. Purchased inpatient services revenue is included in the gross inpatient revenue amounts reported in Line Numbers 121 through 130.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

APPENDIX A

1996 HOSPITAL QUARTERLY FINANCIAL AND UTILIZATION REPORT

This appendix contains a copy of the 1996 Quarterly Financial and Utilization Report form.

APPENDIX B

CALCULATIONS AND FORMULAS

OSHPD calculates and publishes various data derived from submitted quarterly reports. This appendix contains a list of common calculated data items which are not included in the diskette file. Line No. refers to the line number of a reported data field as it appears on the Quarterly Financial and Utilization Report form (see Appendix A).

APPENDIX B -- CALCULATIONS AND FORMULAS

Utilization Calculations

Formulas

Average Length of Stay (ALOS)

Patient Days Total (Line No. 70) ÷
Discharges Total (Line No. 50)

Average Length of Stay (excluding LTC)

[Patient Days Total (Line No. 70) - Patient
Days Long-term Care (Line No. 75)] ÷
[Discharges Total (Line No. 50) - Discharges
Long-term Care (Line No. 55)]

Medicare ALOS

Line No. 61 ÷ Line No. 15

Medi-Cal ALOS

Line No. 62 ÷ Line No. 42

Co. Indigent Programs ALOS

Line No. 63 ÷ Line No. 43

Other Third Parties ALOS

Line No. 64 ÷ Line No. 44

Other Payors ALOS

Line No. 69 ÷ Line No. 49

Licensed Bed Occupancy Rate

Patient Days Total (Line No. 70) ÷ (Licensed
Beds (Line No. 25) x Days in Report Period)

Days in Report Period is End Date (Line No.
20) minus Begin Date (Line No. 19) plus
one.

Available Bed Occupancy Rate

Patient Days Total (Line No. 70) ÷ (Available
Beds (Line No. 30) x Days in Report Period)

Staffed Bed Occupancy Rate

Patient Days Total (Line No. 70) ÷ (Staffed Beds
(Line No. 35) x Days in Report Period)

Adjusted Patient Days

[(Gross Inpatient Revenue Total (Line No. 130) +
Gross Outpatient Revenue Total (Line No.
140)) ÷ Gross Inpatient Revenue Total (Line
No. 130)] x Patient Days Total (Line No. 70)

APPENDIX B -- CALCULATIONS AND FORMULAS (CONTINUED)

Financial Calculations

Formulas

Gross Inpatient Revenue Per Discharge	Gross Inpatient Revenue Total (Line No. 130) ÷ Discharges Total (Line No. 50)
Medicare Revenue Per Discharge	Line No. 121 ÷ Line No. 15
Medi-Cal Revenue Per Discharge	Line No. 122 ÷ Line No. 42
Co. Indigent Programs Revenue Per Discharge	Line No. 123 ÷ Line No. 43
Other Third Parties Revenue Per Discharge	Line No. 124 ÷ Line No. 44
Other Payors Revenue Per Discharge	Line No. 129 ÷ Line No. 49
Gross Inpatient Expense Per Discharge	Inpatient Operating Expenses (Line No. ---) ÷ Discharges Total (Line No. 50)
Gross Inpatient Revenue Per Day	Gross Inpatient Revenue Total (Line No. 130) ÷ Patient Days Total (Line No. 70)
Medicare Revenue Per Day	Line No. 121 ÷ Line No. 61
Medi-Cal Revenue Per Day	Line No. 122 ÷ Line No. 62
Co. Indigent Programs Revenue Per Day	Line No. 123 ÷ Line No. 63
Other Third Parties Revenue Per Day	Line No. 124 ÷ Line No. 64
Other Payors Revenue Per Day	Line No. 129 ÷ Line No. 69
Gross Inpatient Expense Per Day	Inpatient Operating Expenses (Line No. ---) ÷ Patient Days Total (Line No. 70)
Gross Outpatient Revenue Per Visit	Gross Outpatient Revenue Total (Line No. 140) ÷ Outpatient Visits Total (Line No. 90)
Medicare Revenue Per Visit	Line No. 131 ÷ Line No. 81
Medi-Cal Revenue Per Visit	Line No. 132 ÷ Line No. 82
Co. Indigent Programs Revenue Per Visit	Line No. 133 ÷ Line No. 83
Other Third Parties Revenue Per Visit	Line No. 134 ÷ Line No. 84
Other Payors Revenue Per Visit	Line No. 139 ÷ Line No. 89
Gross Outpatient Expense Per Visit	Outpatient Operating Expenses (Line No. ---) ÷ Outpatient Visits Total (Line No. 90)

APPENDIX B -- CALCULATIONS AND FORMULAS (CONTINUED)

Financial Calculations

Formulas

Pre-tax Net Income (Loss)

Net Patient Revenue Total (Line No. 170)+
Other Operating Revenue (Line No. 180) -
Total Operating Expenses (Line No. 100) +
Net Nonoperating Revenue and Expenses
(Line No. 185)

Operating Margin

("Net from Operations" ÷ "Total Operating
Revenue") x 100

"Net from Operations" equals Net Patient
Revenue Total (Line No. 170) + Other
Operating Revenue (Line No. 180) - Total
Operating Expenses (Line No. 100)

"Total Operating Revenue" equals Net
Patient Revenue Total (Line No. 170) +
Other Operating Revenue (Line No. 180)

Cost-to-Charge Ratio

[Total Operating Expenses (Line No. 100) - Other
Operating Revenue (Line No. 180)] ÷ [Gross
Inpatient Revenue Total (Line No. 130) +
Gross Outpatient Revenue Total (Line No.
140)]

APPENDIX C

COUNTY TO HFPA CROSS-REFERENCE LIST

This appendix lists in county number/name order the Health Facility Planning Area (HFPA) numbers and HFPA names that are located in that county. In some instances, the HFPA may cross the boundaries of more than one county.